

NEW YORK STATE VOTER REGISTRATION FORM



TO COMPLETE THIS FORM:

Box 1: Must be completed. If you answer NO, do not complete this form.

Box 2: Must be completed, however if you check NO, do not complete this form UNLESS you are a New York resident who will be 18 by the end of this year.

Box 4: Give your home address.

Box 5: Give your mailing address if it is different from your home address (post office box no., star route or rural route no., etc.)

Box 8: The completion of this box is optional.

Box 9: Must be completed. If you have a current DMV number (Driver's license number or non driver ID number), you must provide that number. If you do not have a current DMV number, you must provide the last four digits of your social security number.

Box 10: If you have never voted before, write "None." If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same."

Box 11: In order to vote in a party primary, you must be enrolled in one of New York's 5 constituted parties. Check one box only.

**Except the Independence Party which permits non-enrolled voters to vote in their primary elections.*

Box 12: This application must be signed and dated in ink.

If you would like an application for an ABSENTEE BALLOT or would like to be an ELECTION DAY WORKER, please check the corresponding box below.

Sample Form Data:
 1: Yes No
 2: Yes No
 3: Last Name: Conrad, First Name: James, Middle Initial: A, Suffix: JR
 4: Address: 4567 Sunset Avenue, City: Anytown, Zip: 12345
 5: Mailing Address: Anytown, Zip: 12345
 6: Date of Birth: 9/11/77, Sex: M, Home Tel: 212-555-5555
 7: None, 8: 4567 Sunset Avenue
 9: None, 10: NY, 11: None, 12: James A. Conrad, 12/1/06

IDENTIFICATION REQUIREMENTS

Your identity must be verified prior to election day, so that you will not have to provide identification when you vote. Your identity can be verified through your DMV number (driver's license number or non-drive ID number), or the last four digits of your social security number, as requested in Box 9 of this application.

If your identity is not verified before election day, you will be asked to provide identification when you vote for the first time. Samples of the identification you may provide include a valid photo ID, a current utility bill, bank statement, government check or some other government document that shows your name and address.

If you include a copy of any identification with this application, be sure to tape the sides of this form closed.

<input type="checkbox"/> New registration and enrollment		<input type="checkbox"/> Address change		<input type="checkbox"/> Party enrollment change		<input type="checkbox"/> Name change	
<input type="checkbox"/> Yes, I need an application for an Absentee Ballot		Please print or type in blue or black ink				<input type="checkbox"/> Yes, I would like to be an Election Day Worker	
1	Are you a U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>		2	I will be 18 years old on or before election day: Yes <input type="checkbox"/> No <input type="checkbox"/>		For Board Use only!	
	If you answered NO, do not complete this form.			If you answered NO, do not complete this form, unless you will be 18 by the end of the year.			
3	Last Name	First Name	Middle Initial	Suffix			
4	Address Where You Live (do not give P.O. address)		Apt. No.	City/Town/Village		Zip Code	County
5	Address Where You Get Your Mail (if different from above)		P.O. box, star rte., etc.		Post Office	Zip Code	
6	Date of Birth	7	Sex(circle) M F	8	Home Tel. Number (optional)		
10	The last year you voted		Your Address was(give your house number, street, city)		9	ID Number - Check the applicable box and provide your number	
	In county/state		Under the name (if different from your name now)			<input type="checkbox"/> New York DMV Number _____ <input type="checkbox"/> LAST FOUR DIGITS of your Social Security number <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <input type="checkbox"/> I do not have a New York DMV number or a Social Security number.	
11	Choose a Party — Check one box only <input type="checkbox"/> DEMOCRATIC PARTY <input type="checkbox"/> REPUBLICAN PARTY <input type="checkbox"/> INDEPENDENCE PARTY <input type="checkbox"/> CONSERVATIVE PARTY <input type="checkbox"/> WORKING FAMILIES PARTY <input type="checkbox"/> OTHERS(write in) _____ <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PARTY			} <i>Please note:</i> In order to vote in a primary election , you must be enrolled in one of these parties. * See above	12	AFFIDAVIT: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city, or village for at least 30 days before the election. • I meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true. I understand that if it is not true I can be convicted and fined up to \$5,000 and/or jailed for up to four years. ↓ Signature or mark in ink ↓ X _____ Date _____	

NEW YORK STATE VOTER REGISTRATION FORM

YOU CAN USE THIS FORM TO:

- Register to vote in New York State.
- Change your name and/or address if there is a change since you last voted.
- Enroll in a political party or change your enrollment.

TO REGISTER YOU MUST:

- Be a U.S. citizen.
- Be 18 years old by December 31 of the year in which you file this form. (Note: You must be 18 years old by the date of the general, primary or other election in which you want to vote.)
- Live at your present address for at least 30 days before an election.
- Not be in jail or on parole for a felony conviction.
- Not claim the right to vote elsewhere.

Información en español: si le interesa obtener este formulario en español, llame al (212) VOTE-NYC [212-868-3692]

中文資料：如果你有興趣索取本中文資料表格，請電 212-868-3692

한국어: 한국어 양식을 원하시면 212-868-3692 으로 전화하십시오.

DEADLINE INFORMATION:

- You can register in person at your County Board of Elections on any business day.
- If you want to vote in an election, you must mail or deliver this form to your County Board of Elections no later than 25 days before the election in which you want to vote.
- You must be 18 years old by the date of the general, primary or other election in which you want to vote.
- Your eligibility to vote will be based on the date you file this form.
- Your County Board will notify you of your eligibility.

[THE COMPLETED FORM MAY NOT BE FAXED]

NEED MORE REGISTRATION FORMS?

You can get registration forms at most state agency offices and post offices or at any County Board of Elections.

Questions? Call your County Board of Elections or (212) VOTE-NYC [212-868-3692]. Residents of NYC may call toll free 1-866-VOTE-NYC

Hearing impaired people with TDD may call (212) 487-5496.

Visit our website – www.vote.nyc.ny.us

Call this number if you are interested in getting this form in Spanish, Chinese or Korean 212-868-3692.

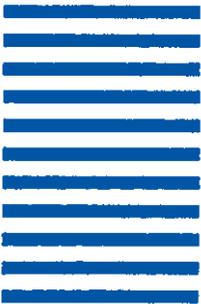
Eng 4/07



BOARD OF ELECTIONS
32 BROADWAY 7th. FL.
NEW YORK, NY 10275-0067

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4339 NEW YORK, NY



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

